

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	DUAL FUNCTION DRUGS AND USES THEREOF
Attorney Docket Number::	03235/100M884-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	10
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Charles
Middle Name::	Anthony
Family Name::	Altar
City of Residence::	Garrett Park
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	11100 Kenilworth Avenue
City of mailing address::	Garrett Park
State or Province of mailing address::	MD

Postal or Zip Code of mailing address:: 20896

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Malcolm  
Middle Name:: G.  
Family Name:: Taylor  
City of Residence:: Abingdon  
Country of Residence:: United Kingdom  
Street of mailing address:: 111 Milton Park  
Evotec OAi  
City of mailing address:: Abingdon  
Country of mailing address:: United Kingdom  
Postal or Zip Code of mailing address:: OX14 4YD

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Derek  
Family Name:: Hook  
City of Residence:: Woodbury  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of mailing address:: 7035 Lydia Circle  
City of mailing address:: Woodbury  
State or Province of mailing address:: MN  
Postal or Zip Code of mailing address:: 55125

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Michael  
Middle Name:: G.  
Family Name:: Palfreyman  
City of Residence:: Annapolis  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 2123 Quay Village Court, T-1  
City of mailing address:: Annapolis  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 21403

#### **Correspondence Information**

Correspondence Customer Number:: 07278

#### **Representative Information**

Representative Customer Number:: 07278

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/19973	06/21/04
PCT/US04/19973	An application claiming the benefit under 35 USC 119(e)	60/480,036	06/19/03

#### **Assignee Information**

Assignee name:: Psychiatric Genomics, Inc.  
Street of mailing address:: 19 Firstfield Road  
City of mailing address:: Gaithersburg  
State or Province of mailing address:: MD  
Postal or Zip Code of mailing address:: 20878